

AUG 31 2005



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FACSIMILE TRANSMISSION COVER SHEET

Date: August 31, 2005

To: United States Patent and Trademark Office
Examiner: Opsasnick, Michael N.; Art Unit: 2655

Fax: (571) 273-8300

Re: **Application Serial No.: 09/782,791**
Filing Date: 2/13/2001; First-Named Inventor: Gao
Attorney Docket No.: 01CON334P

From: Farjami & Farjami LLP

Number of pages including the cover sheet: 27

Message:

Enclosed please find the Response to Non-Final Office Action dated July 13, 2005.

Thank you.

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AUG 31 2005

Attorney Docket No.: 01CON334P

AMENDMENT COVER SHEET

IN RE APPLICATION OF: Gao, YangSERIAL NO.: 09/782,791 FILED: 2/13/2001FOR: Speech Coding System with Time-Domain Noise AttenuationHONORABLE COMMISSIONER FOR PATENTS
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

☒ No additional fee is required.☐ The fee has been calculated as shown below:☐ EXTENSION FEE

	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	120.00	60.00	\$
SECOND MONTH AFTER TIME PERIOD SET	450.00	225.00	\$
THIRD MONTH AFTER TIME PERIOD SET	1,020.00	510.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,590.00	795.00	\$

☐ TOTAL EXTENSION FEE \$ 0.00☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1 Number of Claims after Amendment	Column 2 Number Previously Paid for	Column 3 Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	68	MINUS **68	* = 0	x 50	x 25	\$
INDEPENDENT	6	MINUS ***6	* = 0	x 200	x 100	\$
First presentation of multiple dependent claim				+ 360	+ 180	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

- * If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.
 ** If the number of Total Claims previously paid for is less than 20, write "20" in this space.
 *** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

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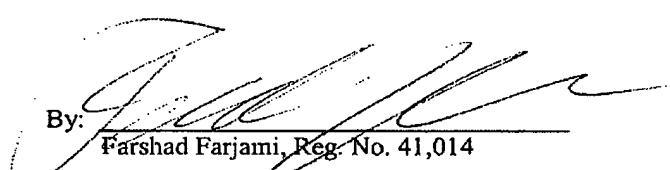
Attorney Docket No.: 01CON334P

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- ☐ Please charge Deposit Account No. 50-0731 in the amount of \$ _____
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Date:

8/31/05

By:


Farshad Farjami, Reg. No. 41,014CERTIFICATE OF FACSIMILE TRANSMISSION

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Date

8/31/05

Signature


Christina L. Carter
Name of Person Performing Facsimile Transmission

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